

## PART B - FEE(S) TRANSMITTAL

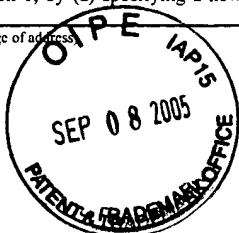
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23492 7590 06/17/2005

ROBERT DEBERARDINE  
 ABBOTT LABORATORIES  
 100 ABBOTT PARK ROAD  
 DEPT. 377/AP6A  
 ABBOTT PARK, IL 60064-6008



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Kimberly A. Iorio	(Depositor's name)
<i>Kimberly A. Iorio</i>	(Signature)
9-6-05	(Date)

09/09/2005 SSITHIB2 00000081 010025 10054534

01 FC:1501 1400.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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02 FC:1504 300.00 DA 01/22/2002

Pradip Mukerji

6763.US.P1

3165

TITLE OF INVENTION: DESATURASE GENES AND USES THEREOF

09/09/2005 SSITHIB2 00000081 10054534

01 FC:1501

1400.00 DA

02 FC:1504

300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SULLIVAN, DANIEL M	1636	435-071100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Cheryl L. Becker

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Abbott Laboratories

Abbott Park, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0025 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Cheryl L. Becker*

Date

9/1/05

Typed or printed name

Cheryl L. Becker

Registration No.

35,441

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